FAVORIT MULTICHOICE

SUPPLEMENTARY INSURANCE CONDITIONS (SIC) FOR INSURANCE WITH LIMITED CHOICE OF SERVICE PROVIDER UNDER THE KVG.

Version 2023, valid as of 1 January 2023

BECAUSE HEALTH IS EVERYTHING SWICA

SUPPLEMENTARY INSURANCE CONDITIONS FAVORIT MULTICHOICE.

The General Insurance Conditions (GIC) for healthcare and daily benefits insurance under the KVG apply in full to these SIC. In case of any contradictions, the SIC take precedence over the GIC.

I. GENERAL

ART. 1 INSURANCE PURCHASE, CHANGE OF INSURANCE TYPE, AND PREMIUMS

1. People who meet the statutory requirements for acceptance and who have their place of residence under civil law in the catchment area of insurance with a limited choice of healthcare providers (special form of insurance) are entitled to take out these insurance options. Special provisions and the right to reallocate an insured person due to contract violations are reserved. The special forms of insurance may not be available in certain regions.
2. If the selected service provider is no longer able to provide medical treatment under the selected insurance type for reasons relating to the insured person (e.g. transfer to a nursing home, a temporary stay abroad), the Insurer has the right to switch the insured person to ordinary healthcare insurance with the Insurer by observing a thirty-day period from the beginning of a calendar month.
3. If the insured person moves out of the catchment area of the selected insurance type, the Insurer will transfer the insured person to ordinary healthcare insurance with the Insurer at the beginning of the month following the month of relocation. The Insurer must be notified within one month if the insured person moves out of the catchment area of the selected insurance type. Insured persons who relocate to an area with another insurance type with limited choice of service provider can continue their cover by choosing another insurance model with limited choice of service provider in a new selected insurance type.
4. If the selected service provider in the selected insurance type terminates the contract with the Insurer, the affected insured persons can switch to a service provider in the selected insurance type within 30 days from when the Insurer prompted them to do so in writing or to ordinary healthcare insurance from the Insurer. The switch to ordinary healthcare insurance with the Insurer takes place automatically at the beginning of the following month, unless the Insurer is notified of the new service provider by the given deadline.
5. If the contract between the Insurer and the service provider or its network is terminated, the selected type of cover expires at the end of the year. Unless notification is issued about a change in the special forms of insurance in accordance with Art. 11 para. 2 of the GIC, this will result in an automatic switch to the Insurer's ordinary healthcare insurance as of 1 January of the following year.
6. Insured persons with special forms of insurance are eligible for premium reductions.

ART. 2 EXCEPTIONS TO LIMITED CHOICE OF SERVICE PROVIDER

Free choice of service provider applies to all special forms of insurance that cover the following treatments and examinations, unless contrary Supplementary Conditions apply:

a. Gynaecological examinations and treatments
b. Visits to the paediatrician, up to the eighteenth birthday
c. Eye examinations by an ophthalmologist
d. Stays abroad of up to six months
e. Emergencies

Further emergency consultations or follow-up treatment that may be needed must be administered within the limited choice of service provider available under the special forms of insurance.

ART. 3 CONSEQUENCES OF CONTRACT VIOLATIONS

1. If the obligations arising from a particular special form of insurance have been violated, the Insurer can reduce benefits by 50% of the amount that would be due otherwise (following deduction of the statutory co-payments).
2. In the case of repeated contract violations, the insured person is excluded from the special form of insurance and switched to ordinary healthcare insurance effective from the beginning of the following month and after having been informed accordingly.
3. Changing back to a special form of insurance is possible at the earliest twelve months after the switch in the following calendar year.

ART. 4 MEASURES ON INTEGRATED CARE AND CARE MANAGEMENT

When facing a specific illness (especially a chronic or potentially chronic one), the insured person must undergo special measures involving integrated care at the request of the Insurer. These can, for example, involve disease or chronic care management programmes, the services of the Insurer's care managers, or the choice of special service providers. The Insurer determines the programmes and service providers who administer them. Any agreement to participate in an integrated care and care management programme must be agreed with the insured person in writing.

II. SCOPE

ART. 5 PURPOSE

1. FAVORIT MULTICHOICE healthcare insurance is a special form of insurance with limited choice of service provider.
2. People insured under FAVORIT MULTICHOICE agree that as their first point of contact they will choose between a consultation at a partner pharmacy, a phone consultation with santé24 or a digital symptom check application ("Symptom Check Application").
3. The insurance carrier is SWICA Healthcare Insurance Ltd.
4. FAVORIT MULTICHOICE is based on the principle of seeking advice from a partner pharmacy, phone advice from santé24 or consulting a Symptom Check Application prior to a consultation with a healthcare provider included in the MULTICHOICE directory. Under FAVORIT MULTICHOICE the insurer pays in particular the statutory insurance benefits for outpatient and inpatient treatments and examinations, provided that prior to going to a doctor or hospital the insured person has a consultation at a partner pharmacy or a phone consultation with santé24 or consults a Symptom Check Application, and that they follow the corresponding recommendations. Treatments and examinations must be conducted by an approved healthcare provider as per the MULTICHOICE directory (doctor, hospital, pharmacy, etc.).
5. For treatments and examinations and when obtaining a medicine, the insured person must choose a healthcare provider from the MULTICHOICE directory.
6. In derogation of Art. 2, for gynaecological, eye and paediatric treatments and examinations the insured person chooses a healthcare provider from the MULTICHOICE directory. They do not have to consult a partner pharmacy, santé24 or the Symptom Check Application prior to doing so.

7. By taking out the FAVORIT MULTICHOICE insurance model, the insured person authorises santé24 to access all the information necessary under this model about the diagnoses, treatments, and invoices concerning his or her medical care. This form of insurance also requires information exchanges among santé24, the Insurer, and any third parties involved in providing the service (for example doctors and hospitals). Such information pertains to the invoices of the insured person. In particular, such information is shared with specialists, hospitals, and other persons and institutions involved in providing the medical and administrative services for the purpose of managing the insurance contract.
8. The Symptom Check Application provides recommendations and is free of charge. Consultations by santé24 are free of charge. The insured person pays the standard phone rates for the call. Each time a symptom check is run, the insured person decides whether or not they want to give their consent for the data to be released to santé24. Without this consent, santé24 does not have access to the data entered by the insured person. This data, and phone calls that have been made, are archived by santé24 in accordance with the applicable data protection requirements. In case of a dispute, the recordings can be used as evidence. santé24 is an independent medical care provider and part of the SWICA Group. No automatic exchange of data takes place between SWICA Healthcare Insurance Ltd and santé24. The Insurer cannot access this information directly without the insured person's authorisation.
9. Symptom Check Application: data protection
   Responsibility for operating the Symptom Check Application and placing it on the market lies with the provider of the Symptom Check Application. Details can be found in the data protection provisions for the Symptom Check Application. SWICA Krankenversicherung AG, Römerstrasse 38, 8400 Winterthur, remains responsible for data processing. The data is processed in accordance with the provisions of the Federal Health Insurance Act (KVG), the Federal Act on the General Part of Social Insurance Law (ATSG) and the Federal Data Protection Act (DSG). The Symptom Check Application is required for the implementation of FAVORIT MULTICHOICE. Use of the Symptom Check Application is subject to the data protection provisions for the Symptom Check Application. The Symptom Check Application may constitute a class I medical device under the terms of the Medical Devices Ordinance (MedDO; SR 812.213) and therefore be subject to the legal requirements governing medical devices. To be able to use the Symptom Check Application, the technical requirements must be clarified before admission to the insurance model.
   The purposes of data processing, the categories of data processed, the way in which data is processed and any third parties involved are described in the data protection provisions for the Symptom Check Application. The data protection provisions will be communicated before admission to FAVORIT MULTICHOICE.

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